

## CAPS Glossary

### Government Agencies

The government agencies listed below offer an array of services and/or fund contracted providers who offer programming for mental health and substance use treatment, emergency shelter, youth and senior services, supportive housing and many other social services offered by city, state, and federal agencies to our community.

**Adult Protective Services (APS<sup>1</sup>):** Provides services for physically and/or mentally impaired adults; works to help at-risk clients live safely in their homes.

**HIV/AIDS Services (HASA<sup>2</sup>):** Provides emergency temporary placement in SRO (Single Room Occupancy) units. It also provides intensive case management and assistance in applying for public benefits and services.

**NYC Administration for Children's Services (ACS<sup>3</sup>):** Responsible for child welfare, early child care and education, and juvenile justice services; assists youth aging out of foster care with securing housing.

**NYC Department of Corrections (DOC<sup>4</sup>):** Provides for the care, custody, and control of persons accused of crimes or convicted and sentenced to one year or less of jail time; includes inmate facilities on Rikers Island, hospital prison wards at Bellevue and Elmhurst, and court holding facilities in each borough.

**NYC Department of Health and Mental Hygiene (DOHMH<sup>5</sup>):** Works to promote and protect the health of all New Yorkers. DOHMH contracts with non-profit agencies to provide permanent supportive housing for individuals and families who are chronically homeless and have a mental illness and/or a substance use disorder. Tenants sign a standard lease and participation in support services is voluntary.

**NYC Department of Social Services (DSS<sup>6</sup>):** The Department of Social Services (DSS) is comprised of the administrative units of the NYC Human Resources Administration (HRA) and

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<sup>1</sup> <https://www1.nyc.gov/site/hra/help/adult-protective-services.page>

<sup>2</sup> <https://www1.nyc.gov/site/hra/help/hiv-aids-services.page>

<sup>3</sup> <https://www1.nyc.gov/site/acs/about/about.page>

<sup>4</sup> <https://www1.nyc.gov/site/doc/index.page>

<sup>5</sup> <https://www1.nyc.gov/site/doh/index.page>

<sup>6</sup> <https://www1.nyc.gov/site/hra/about/about-hra.page>

the Department of Homeless Services (DHS). Through integrated management for HRA and DHS, client services can be provided more seamlessly and effectively. The City leverages shared services functions across agencies, which results in better day-to-day management and building an integrated mission across agencies.

**NYC Department of Youth and Community Development ([DYCD](https://www1.nyc.gov/site/dycd/index.page)<sup>7</sup>):** Funds services for [Runaway & Homeless Youth](https://www1.nyc.gov/site/dycd/services/runaway-homeless-youth.page)<sup>8</sup> (RHY) that include Drop-in Centers, Crisis Services Programs, Transitional Independent Living programs, and Street Outreach and Referral Services, with specialized programming for runaway and homeless young people who are pregnant and parenting, sexually-exploited, and LGBTQ.

**NYC Human Resources Administration ([HRA](https://www1.nyc.gov/site/hra/index.page)):** The New York City Human Resources Administration/Department of Social Services (HRA/DSS) is dedicated to fighting poverty and income inequality by providing New Yorkers in need with essential benefits such as Food Assistance and Emergency Rental Assistance. As the largest local social services agency in the country, HRA helps more than three million New Yorkers annually through the administration of more than 12 major public assistance programs, with more than 14,000 employees and an operating budget of \$9.6 billion.

**NYC Housing Authority ([NYCHA](https://www1.nyc.gov/site/nycha/index.page)<sup>9</sup>):** Oversees 326 public housing developments across the 5 boroughs and administers the largest Section 8 program in the country. The New York City Housing Authority's mission is to increase opportunities for low- and moderate-income New Yorkers by providing safe, affordable housing and facilitating access to social and community services.

**NYS Department of Corrections and Community Supervision ([DOCCS](https://www.doocs.ny.gov/)<sup>10</sup>):** Provides for the care, custody, and control of persons convicted and sentenced to more than one year of time in a correctional facility (CF); re-entry services; and post-release supervision (parole).

**NYS Department of Health ([DOH](https://www.health.ny.gov/)):** The mission of DOH is to protect, improve and promote the health, productivity and well-being of all New Yorkers. DOH provides health guidance, funding and regulates health care facilities and/or providers as defined by NYS law.

**NYS Office of Addiction Services and Supports ([OASAS](https://www.oasas.ny.gov/)<sup>11</sup>):** Addresses the prevention, treatment, and recovery needs of New Yorkers with drug, alcohol, and/or gambling addictions. This includes credentialing practitioners and licensing treatment programs. OASAS does not directly operate housing programs or provide direct services, rather it funds permanent supportive housing programs for homeless and at-risk individuals and families with a history of substance use disorders.

**New York State Office of Mental Health ([OMH/SOMH](https://www.omh.ny.gov/)<sup>12</sup>):** Regulates, certifies and oversees more than 4,500 inpatient, outpatient, and residential/housing programs for adults and children with mental health conditions, which are operated by local governments and nonprofit agencies.

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<sup>7</sup> <https://www1.nyc.gov/site/dycd/index.page>

<sup>8</sup> <https://www1.nyc.gov/site/dycd/services/runaway-homeless-youth.page>

<sup>9</sup> <https://www1.nyc.gov/site/nycha/index.page>

<sup>10</sup> <https://doocs.ny.gov/>

<sup>11</sup> <https://oasas.ny.gov/>

<sup>12</sup> <https://omh.ny.gov/>

**NYC Housing Preservation and Development (HPD<sup>13</sup>)** Promotes and protects affordable housing. HPD [Emergency Housing Services \(EHS<sup>14</sup>\)](#) unit provides emergency relocation services and rehousing assistance to households who have been displaced from their homes as a result of fires or city-issued vacate orders. Displaced households are placed in family centers and single-room-occupancy hotels in Manhattan, Bronx, Brooklyn, and Queens.

**US Department of Housing and Urban Development (HUD<sup>15</sup>):** HUD administers a series of programs that address homelessness in the United States. HUD's Continuum of Care program makes grants to states, local governments and community agencies that allow each of these entities to tailor a program to meet their community's needs.

## Programs and Services

Below are examples of programs and services that may be mentioned throughout the NYC Supportive Housing Application or that may be discussed in the supporting documentation.

**Addiction Treatment Centers (ATC<sup>16</sup>):** OASAS directly operates and staffs 12 Addiction Treatment Centers (ATCs) across New York State. These centers provide individualized care that is responsive to the needs of each client and supports long-term recovery.

**Alternative to Incarceration Programs (ATI<sup>17</sup>):** These offer pretrial services and correctional alternative programs throughout New York State, including specialized mental health services to defendants and offenders who are seriously mentally ill. These programs may fall under the authority of governmental or nonprofit agencies and operate in conjunction with the criminal justice system in all New York State counties and the City of New York.

**Assisted Outpatient Treatment Program (AOT<sup>18</sup>):** This is also known as Kendra's Law. An AOT order is a civil (not criminal) court order mandating outpatient mental health treatment for adults with serious mental illness who have difficulty engaging in treatment voluntarily. The AOT program does not provide direct services or treatment, but monitors adherence to the court order, provides consultation to treatment providers, assists with linkages to services, and initiates 9.60 emergency removal orders when warranted. In NYC, the program is implemented by DOHMH with oversight by OMH.

**Children's Single Point of Access (CSPOA<sup>19</sup>):** Is a centralized referral system for children with serious emotional disturbance who need intensive mental health services to remain at home or in their community. CSPOA makes referrals for clients as old as 21 to a variety of community services. CSPOA refers children and adolescents to services such as:

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<sup>13</sup> <https://www1.nyc.gov/site/hpd/about/about-hpd.page>

<sup>14</sup> <https://www1.nyc.gov/site/hpd/about/emergency-housing-services.page>

<sup>15</sup> <https://www.hud.gov/faqs/homeless>

<sup>16</sup> <https://oasas.ny.gov/addiction-treatment-centers>

<sup>17</sup> [https://www.criminaljustice.ny.gov/opca/ati\\_description.htm](https://www.criminaljustice.ny.gov/opca/ati_description.htm)

<sup>18</sup> <https://www1.nyc.gov/site/doh/health/health-topics/assisted-outpatient-treatment.page>

<sup>19</sup> <https://www1.nyc.gov/site/doh/providers/resources/mental-illness-single-point-of-access.page>

- **Health Home Care Management -HHCM (ages 0-21):** Provides care coordination to youth with chronic behavioral and physical health needs. A care manager will provide various services, including an individualized plan of care and patient advocacy.
- **Non-Medicaid Care Coordination-NMCC (ages 0-21):** Provides care coordination to non-Medicaid youth who are diagnosed with severe emotional disturbance. A care manager will provide various services, including an individualized plan of care and patient advocacy.
- **Community Residence - CR (ages 5-17):** These small therapeutic group homes provide housing and supervision from specially trained staff. Services include structured daily living activities and training in problem solving skills. Clinical services are provided by local mental health programs.

**Health Home<sup>20</sup>:** A Health Home is not a physical place, but a group of providers working together to help Medicaid-insured individuals with chronic conditions connect to the health care and social services they need, to reduce reliance on emergency rooms and prevent hospitalizations. Dedicated Health Home Care Coordinators (HHCC) or Care Managers (HHCM) help members better understand and manage their physical and mental health conditions, create care plans, and find appropriate services and programs - including applying for supportive housing - and then makes sure that all the systems are working together.

**Managed Long-Term Care Plans (MLTC<sup>21</sup>) :** Help provide services and support to people with long-lasting health problems or disabilities who wish to stay in their homes and communities. This can include home care or adult day care.

**Medication-assisted Treatment (MAT<sup>22</sup>):** The use of medications to treat substance use disorders. MMTP (Methadone Maintenance Treatment Program), suboxone, acamprosate, and Antabuse are types of MAT.

**Mobile Integration Team (MIT<sup>23</sup>):** OMH program that offers supports for individuals transitioning back to the community - to supportive housing or a Health Home Program - from long-term hospitalization. Services focus on preventive care, therapy, medication management, and other wrap-around services.

**Single Point of Access (SPOA<sup>24</sup>):** Connects people with serious mental illness to mental health services.

**SPOA (Housing):** The Center for Urban Community Services<sup>25</sup> (CUCS) currently oversees the housing referral process.

**SPOA (Mental Health):** Overseen by DOHMH, the program reviews eligibility and makes referrals to the following programs:

- **Non-Medicaid Care Coordination (NMCC):** Case management for non-Medicaid individuals with serious mental illness who are in need of mental health services.

<sup>20</sup> [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)

<sup>21</sup> [https://health.ny.gov/health\\_care/managed\\_care/mltc/](https://health.ny.gov/health_care/managed_care/mltc/)

<sup>22</sup> <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

<sup>23</sup> <https://omh.ny.gov/omhweb/resources/newsltr/docs/january-2017.pdf>

<sup>24</sup> <https://www1.nyc.gov/site/doh/providers/resources/mental-illness-single-point-of-access.page>

<sup>25</sup> <https://www.cucs.org/housing/>

- **Assertive Community Treatment<sup>26</sup> (ACT)**: An evidenced-based practice that offers treatment, rehabilitation, and support services to individuals with serious mental illness whose needs have not been met by traditional outpatient services. Teams of psychiatrists, nurse practitioners, social workers or mental health counselors, and peer specialists provide mobile services in the community. These services include mental health treatment, integrated dual disorder treatment, wellness skills, family education, educational and vocational supports, community linkages - including to housing, and peer support.
- **Forensic Assertive Community Treatment (FACT<sup>27</sup>)**: Specialized ACT team for people with serious mental illness who have current or recent criminal justice involvement.
- **Shelter Partnered ACT (SPACT) / Shelter ACT (SHACT)**: Specialized ACT team for people with serious mental illness who reside in a NYC mental health shelter. In addition to other ACT services, these teams collaborate with shelter staff to help participants find appropriate housing and move out of the shelter system.
- **Intensive Mobile Treatment<sup>28</sup> (IMT)**: Like ACT, this treatment is designed for people with serious mental illness who have been a challenge to engage. This includes those who are transient and have recent and frequent contact with the mental health, criminal justice, and homeless services systems, and pose a risk to public safety. IMT teams provide services wherever it is most appropriate to assertively engage the consumer in care, often with daily contact.

**Residential Treatment Facility<sup>29</sup> (RTF)**: 24-hour inpatient treatment program which provides intensive treatment services to children and adolescents (ages 5 - 21) with mental health and/or emotional challenges, who need longer term treatment than would be provided in an inpatient psychiatric program.

**Transitional Living Residence (TLR)**: Short-term supportive OMH residences often on the grounds of state psychiatric centers, for clients transitioning out of the hospital and who need to develop community living skills.

## Hospital Terms

**Acute Care**: An acute hospitalization is an inpatient stay in a hospital for the purpose of stabilizing an individual who is experiencing a medical and/or mental health emergency (including substance use related). Typically stays are short-term and if longer term care is needed, patients are transferred to another facility or a different setting is evaluated.

**Comprehensive Psychiatric Emergency Program (CPEP<sup>30</sup>)**: Licensed by NYS OMH and housed in local acute care hospitals, the 4 components of CPEPs are: the psychiatric emergency room, extended observation beds for up to 72 hours (EOB or EOU), mobile crisis outreach teams (MCT), and crisis beds (emergency housing for up to 5 days). Unless a client is transferred to the inpatient psychiatric unit, this is not considered an inpatient psychiatric hospitalization.

<sup>26</sup> <https://omh.ny.gov/omhweb/act/>

<sup>27</sup> <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-fact-br.pdf>

<sup>28</sup> <https://thrivenyc.cityofnewyork.us/program/intensive-mobile-treatment-imt>

<sup>29</sup> <https://omh.ny.gov/omhweb/licensing/definitions.htm>

<sup>30</sup> <https://omh.ny.gov/omhweb/licensing/definitions.htm>

**NYS Forensic Psychiatric Centers (Forensic PC / FPC):** OMH [Division of Forensic Services](#)<sup>31</sup> coordinates the delivery of mental health services to individuals involved with New York State's criminal justice system. This includes secure inpatient units, Central New York Psychiatric Center (CNYPC) "outpatient" services in prison facilities, satellite and mental health units, and mental health beds in mental health staffed prison programs.

**NYS Psychiatric Centers**<sup>32</sup> (State PC): OMH operated facility that provides a continuum of services ranging from long-term inpatient care, outpatient treatment, transitional living residences, discharge planning, etc. for those with a series mental illness and/or substance use disorder.

## Housing Models and Homeless Services

Please see [NYS Office of Mental Health](#)<sup>33</sup> and [HRA's Supportive Housing webpage](#)<sup>34</sup> for additional details.

**Adult Home:** Established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care, and supervision to five or more adults unrelated to the operator. Adult Homes are licensed by the New York State Department of Health.

**Apartment Treatment Program (ATP):** OMH licensed supportive housing for clients with a serious mental illness an apartment in the community. Staff visit the home to provide rehabilitative services. Services are normally provided by a non-profit agency.

**Community Care:** Supported housing model that can be either a scattered or congregate site setting for individuals with independent living skills.

**Community Residence/Single Room Occupancy (CR/SRO):** OMH licensed, Level II congregate care supportive housing model for clients with mental illness, often with 24-hour staff coverage.

**Congregate:** Housing all in one building where each tenant has his/her own individual room or apartment. Social services staff are on-site and provide personalized support plans to each household. (More info: [HRA Supportive Housing website](#)<sup>35</sup>)

**DHS Shelters**<sup>36</sup>: Provide temporary emergency shelter to individuals and families with no other housing options available to them.

**Drop-In Centers (DIC):** Provide baseline services to meet immediate needs, such as showers, meals, and clothing. They also have on-site case management services and provide an immediate option for individuals who want to transition off the streets.

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<sup>31</sup> <https://omh.ny.gov/omhweb/forensic/bfs.htm>

<sup>32</sup> [https://omh.ny.gov/omhweb/aboutomh/omh\\_facility.html](https://omh.ny.gov/omhweb/aboutomh/omh_facility.html)

<sup>33</sup> <https://omh.ny.gov/omhweb/licensing/definitions.htm>

<sup>34</sup> <https://www1.nyc.gov/site/hra/help/supportive-housing.page>

<sup>35</sup> <https://www1.nyc.gov/site/hra/help/supportive-housing.page>

<sup>36</sup> <https://www1.nyc.gov/site/dhs/shelter/shelter.page>

**Level I:** A Family-Type Home for Adults (FTHA<sup>37</sup>) is an adult care facility in which an operator provides residential care, personal care and/or supervision services, in the operator's own home, to four or fewer adults who are not related to the operator. An FTHA is a home-like living environment. It is a community-integrated and supported housing alternative for dependent adults who cannot live alone any longer due to advanced age, developmental disabilities, or physical or mental health, but who do not require skilled medical or nursing services.

**Level II:** Licensed supportive housing (i.e. Apartment Treatment, CR/SRO).

**Non-Secure Detention (NSD<sup>38</sup>):** Provides a less restrictive setting for lower-risk juveniles who have criminal court cases pending in Family Court. They offer supportive, home-like environments and close supervision. ACS directly operates two NSD homes and oversees others that are contracted and operated by nonprofit agencies.

**Residence for Adults (RFA):** Nonprofit adult residences licensed by DOHMH with onsite case management. Level II permanent housing. Residents must be able to manage their own personal hygiene. 24-hour staffing.

**Safe Haven<sup>39</sup>:** are transitional housing options designed to help unsheltered New Yorkers get back on their feet, by providing specialized overnight beds and physical and program characteristics specifically meant to address these individuals' unique needs, including, for example, smaller physical settings, as well as more hands-on and intimate case management, coupled with lower-barrier program requirements. Safe Havens coordinate closely with outreach teams, who refer unsheltered individuals directly for placement.

**Scatter-Site:** Program participants are placed in apartment units scattered throughout a community or within a larger apartment building. Non-profit providers hold contracts with government agencies to secure safe affordable units for tenants to move into and to also provide the social services support needed by tenant.

**Secure Detention<sup>40</sup>:** For alleged or adjudicated juvenile delinquents and juvenile offenders who pose the highest risk or have been accused of committing serious offenses. Secure detention is typically reserved for youth who pose the highest risk or have been accused of committing serious offenses. Youth are alleged or adjudicated juvenile delinquents and juvenile offenders. Juvenile delinquents have their cases heard in the Family Court and juvenile offenders have their cases heard in the Youth Part of Supreme Court.

**Skilled Nursing Facility (SNF):** Inpatient rehabilitation and medical treatment center staffed with trained medical professionals who provide medically necessary services.

**Supervised Community Residence (Super CR):** OMH licensed, Level II congregate facilities with 24-hour staff for clients with serious mental illness.

**Supported SRO:** Community care level permanent housing with onsite social services for people with serious mental illness in a single room occupancy setting.

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<sup>37</sup> <https://ocfs.ny.gov/main/ftha/>

<sup>38</sup> <https://www1.nyc.gov/site/acs/justice/non-secure-detention.page>

<sup>39</sup> <https://www1.nyc.gov/site/dhs/outreach/street-outreach.page>

<sup>40</sup> <https://www1.nyc.gov/site/acs/justice/secure-detention.page>

**Supported Housing:** Permanent housing in single and shared apartments throughout the community, with services provided as needed. Can be scatter-site or congregate. Tenants hold leases or subleases. These are unlicensed apartment programs operated by nonprofit agencies and subsidized by OMH and DOHMH for people with mental illness who take medications independently and have demonstrated a significant period of psychiatric stability. Some programs accept families with children. Offsite case management.

**Stabilization Beds<sup>41</sup>:** Stabilization beds are low-threshold private rented rooms for clients experiencing long-term unsheltered homelessness, where clients may stay until they are placed in permanent housing or a long-term transitional setting. Clients must be referred by outreach teams and be able to care for themselves. Case management is provided by outreach teams.

**Street Homeless:** Time spent sleeping outdoors, on subways or in transit stations, or in places otherwise unfit for human habitation.

**Transitional Living Residence (TLR):** This is an OMH licensed and operated residential program located on the grounds of the State Psychiatric Center. A group-living residential program which focuses on interventions necessary to address the specific functional and behavioral deficits which prevent residents from accessing generic housing. These interventions are goal-oriented, intensive, and usually of limited duration. Staff is on-site 24 hours/day.

## NYC Supportive Housing Application Terms

**Activities of Daily Living (ADL):** The fundamental skills that are required for independently living such as eating, bathing, and mobility. Instrumental Activities of Daily Living (IADL) are self-care tasks that require more complex thinking and organization skills, such as managing finances, accessing transportation, and shopping.

**Coordinated Assessment and Placement System (CAPS):** A web-based platform that allows providers to centrally access the Coordinated Assessment Survey, NYC Supportive Housing Application, and Vacancy Control System.

**Coordinated Entry Unit, HRA:** Coordinated Entry is a HUD mandate for all Continuum of Care who receive federal funding for homeless services to streamline the way people move from homelessness into permanent housing. The unit's primary functions are verifying client placement data in CAPS and facilitating placement of highly vulnerable and chronically homeless households on the By Name List. The unit provides training for housing providers using the system, troubleshoots system issues, conducts case conferences for clients on the BNL and works to expand CAPS according to HUD and community priorities. For more information, please visit the [website](#).

**Client Assistance and Rehousing Enterprise System (CARES):** is a web-based case management and vacancy control system DHS currently utilizes to track DHS clients from intake and shelter placement through their return to the community.

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<sup>41</sup> <https://www1.nyc.gov/assets/dhs/downloads/pdf/the-journey-home-2019-print-web.pdf>

**Domestic Violence / Intimate Partner Violence (DV/IVP)<sup>42</sup>:** Domestic Violence is an umbrella term that encompasses both Intimate Partner Violence and Family Violence.

**Functional Impairment<sup>43</sup>:** When mental health symptoms and/or substance abuse interferes with activities of daily living and/or functioning at home, work, school, and in social relationships. Impairments considered severe enough to prevent an individual from doing any gainful activity. Most impairments are permanent or expected to result in death or include a specific statement of duration. The evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months.

**Gender Pronouns<sup>44</sup>:** A gender pronoun is the pronoun that a person chooses to use for themselves. Gender Pronouns are the pronouns that we use to refer to people in writing and conversation.

**Health Insurance Portability and Accountability Act (HIPAA<sup>45</sup>):** The Health Insurance Portability and Accountability Act is a federal law that outlines how consent must be obtained to disclose protected patient health information.

**Mental Health Report (MHR):** Is a structured report that combines the psychosocial assessment and psychiatric evaluation for the NYC Supportive Housing Application.

**Placement, Assessment, and Client Tracking (PACT):** The PACT unit (located at HRA) reviews Supportive Housing Applications electronically submitted by a wide variety of referral sources including acute and long-term psychiatric hospitals, shelters, outreach teams, correctional facilities, and community-based agencies on behalf of seriously mentally ill individuals and other target populations for placement into a continuum of supportive housing options. In addition to making level of care determinations, the review process also includes an eligibility determination for NY/NY I/II, III, NYC 15/15 and some ESSHI housing initiatives.

**Preferred vs Legal Name vs AKA name<sup>46</sup>:** A preferred name is a first name that is chosen - often among those in the LGBTQI community - to be used instead of a legal or given first name. Transgender clients may refer to their legal/given names as their dead names. Using people's preferred names and pronouns sets a tone of respect and signals "ally ship". AKA means 'also known as' and is often used by law enforcement to signify an alias.

**Standardized Vulnerability Assessment (SVA):** The SVA is used to determine the level of vulnerability of individuals and families experiencing homelessness, or at risk of homelessness. It is a system of prioritization based on vulnerability risk once eligibility is determined. All applications approved for supportive housing will receive an SVA determination.

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<sup>42</sup> <https://www1.nyc.gov/site/ocdv/services/introduction-to-domestic-violence-and-gender-based-violence.page>

<sup>43</sup> <https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm>

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<https://www1.nyc.gov/assets/hra/downloads/pdf/services/lgbtqi/Gender%20Pronouns%20final%20draft%2010.23.17.pdf>

<sup>45</sup> <https://www.hhs.gov/hipaa/for-individuals/index.html>

<sup>46</sup> <https://registrar.ucdavis.edu/records/preferred-name>

**Unable to Complete (UTC):** NYC Housing Supportive Application determination outcome that indicates a request for either additional information and/or clarification of information within the application. A UTC is not a determination of a disapproval.

## Diagnostic/Psychiatric Evaluation Terms

**Arson/fire-setting:** Fire-setting is a complex pattern of behavior in which a child or adolescent starts fires either accidentally or intentionally. The term fire-setting is often used synonymously with arson; however, arson is a legal term that is applied in situations when an individual engages in intentional fire-setting and is aware of the potential consequences of the behavior.

**Clinical depression:** An individual must meet five (or more) symptoms during the same 2-week period and represent a change from functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. [For the full definition, refer to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)]

**Co-occurring Disorder:** People who have substance use disorders as well as mental health disorders are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis.

**Formal thought disorder (FTD):** Disorganized thinking is typically inferred from the individual's speech. The individual may switch from one topic to another (derailment/ loose associations). Answers to questions may be obliquely related or completely unrelated (tangentiality). Speech may be so severely disorganized that is nearly incomprehensible and resembles receptive aphasia (incoherence or "word salad"). The symptom must be severe enough to substantially impair effective communication (DSM-5)

**History Of (H/O):** Diagnostic qualifier that indicates a prior diagnosis.

**Hypomania/Mania:** An abnormality of mood resembling mania but of lesser intensity. Mania is a mental state of elevated, expansive, or irritable mood and persistently increased level of activity or energy (DSM-5).

**Provisional diagnosis (P/V):** The specifier "provisional" can be used when there is a strong presumption that the full criteria will ultimately be met for a disorder, but not enough information is available to make a firm diagnosis (DSM-5)

**Rule Out (R/O):** Diagnostic qualifier that indicates a patient is being evaluated for a possible illness or condition in order to "rule it out" as a possible diagnosis.

**Serious Emotional Disturbance (SED):** Serious emotional disturbance means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. (Refer to OMH)

**Serious Mental Illness / Serious and Persistent Mental Illness (SMI/SPMI):** In order to be considered an adult with a serious and persistent mental illness, "1" below must be met, in

addition to either "2", "3", or "4". One, the individual is 18 years of age or older and currently meets the criteria for a DSM-IV psychiatric diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions. ICD-CM psychiatric categories and codes that do not have an equivalent in DSM-IV are also included mental illness diagnoses **And** two, SSI or SSDI due to Mental Illness the individual is currently enrolled in SSI/SSDI due to a designated mental illness. Or three, Extended Impairment in Functioning due to Mental Illness. Or four, Reliance on Psychiatric Treatment, Rehabilitation and Supports. For the complete definition see: [Serious and Persistent Mental Illness](#)<sup>47</sup>

[Substance use disorder](#)<sup>48</sup> (SUD): Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. For the diagnostic criteria see DSM V.

**Thought Content (TC):** Describes what the patient is thinking and includes the presence or absence of delusional or obsessional thinking and suicidal or homicidal ideas.

## Medications Terms

**Intramuscular injection (IM):** Medications injected into the muscle. Can be long-acting or as needed (STAT).

**Long-acting injectable (LAI):** Medication injected into the muscle and slowly released into the body over days, weeks, or months

**Non-Psychotropic “medical” medication:** Any medication which does not primarily treat the mental illnesses listed in the DSM.

**PO:** “By mouth.” Medications taken orally.

**Psychotropic medication:** Any medication that is capable of affecting behavior, thoughts, or moods. Categories include antipsychotic, antidepressant, anti-anxiety, mood stabilizers, and stimulants.

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<sup>47</sup> [https://omh.ny.gov/omhweb/guidance/serious\\_persistent\\_mental\\_illness.html](https://omh.ny.gov/omhweb/guidance/serious_persistent_mental_illness.html)

<sup>48</sup> <https://www.samhsa.gov/find-help/disorders>